Form **1040-SS**

U.S. Self-Employment Tax Return (Including the Additional Child Tax **Credit for Bona Fide Residents of Puerto Rico)**

Department of the Treasury Internal Revenue Service

U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), or Puerto Rico. For the year Jan. 1–Dec. 31, 2008, x year beginning , 2008, and ending , 20 , 20 or other tax year beginning

¥	Your first nam	ne and initial	Last name				Your social security number			
e or print	If a joint return, spouse's first name and initial Last name						Spouse's social security number			
Please type	Present home	address (number, street, and apt. no., or rural ro	oute)	0			Ye			
Ple	City, town or	post office, commonwealth or territory, and ZIP of	code							
Pa	rt I To	tal Tax and Credits								
2	Single Marrie Marrie Qualifying	us. Check the box for your filing statused by the status of the status o	cial security no. at	pove and full			ning the	additional	child	
				(b) Child's				Child's		
	(a) First na	me Last name	soc	al security no	umber		relations	hip to you		
				1 1						
				1 1						
				1 1						
3	Self-employ	ment tax from Part V, line 12					3		\top	
4		employment taxes (see page SS-4). Atta					4			
5		Add lines 3 and 4 (see page SS-4)				: :	5			
6		ated tax payments (see page SS-4)		6						
7		ial security tax withheld (see page SS-4)		7						
8		child tax credit from Part II, line 3		8						
9	Health cove	erage tax credit. Attach Form 8885 .		9						
10	Total paym	nents and credits. Add lines 6 through 9	9			–	10			
11		more than line 5, subtract line 5 from lin					11 12a		+	
12a		line 11 to be refunded to you. If Form 8						+		
b	Routing nur		▶ c Type: ☐ C	hecking 🗀	Savings					
			l tov	12						
13 14		Amount of line 11 to be applied to 2009 estimated tax								
	pay, see pa						14			
		Do you want to allow another person to dis	cuss this return with t	he IRS (see nac	ne SS-2)?	Yes Co	mplete the	e following [No	
	ird Party			(,,-			- · · · · · · · · · · · · · · · · · · ·		
De	signee	Designee's	Phone		P	ersonal identi	fication r			
		name >	no. ▶ ()		umber (PIN)	<u> </u>			
Sig	-	Under penalties of perjury, I declare that I ha knowledge and belief, they are true, correct, an								
He		the preparer has any knowledge. Your signature		1	Date		I Daytime	phone numb	er	
	t return? pg. SS-2.	roar digitatoro			Date		/ July 11110	, p	0.	
	p a copy your	Spouse's signature. If a joint return, both must								
Pa	id	Preparer's signature		Date	Chec	ck if employed	Prepa	rer's SSN or I	PTIN	
	eparer's	Firm's name (or		l	3611-	EIN	1			
Us	e Only	yours if self-employed), address, and ZIP code				Phone no.)		

OMB No. 1545-0090

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Par	t II Bona Fide Residents	of P	uerto Rico Claimi	ng Ad	ditional	Child Tax Credit—	See pa	age SS-5.	
Caut	tion. You must have three or mo	re qu	alifying children to cla	aim the	addition	al child tax credit.			
1	Income derived from sources w	ithin I	Puerto Rico				1		
2	Withheld social security and Med	2							
3	Additional child tax credit. Us here and in Part I, line 8		e worksheet on page				3		
Par	t III Profit or Loss From I	arm	ing—See the instru	ctions	for Sch	edule F (Form 1040)			
Nar	ne of proprietor				S			al security number	
Note	e. If you are filing a joint return ar attach a separate Part III (see a							st each complete	e and
	Complete Sections A and Do not include			ers, co	omplete S			n A, line 11.)	
1	Sales of livestock and other iter	ns vo	u bought for resale		1				
2	Cost or other basis of livestock			on line	1 2				
3	Subtract line 2 from line 1						3		
4	Sales of livestock, produce, gra						4		
5a	Total cooperative distribution	ns (Form(s) _		1 1		5b		
_	1099-PATR)					5b Taxable amount	6		
6	Agricultural program payments						7		
7	Commodity Credit Corporation loans reported under election (or forfeited)								
8	Crop insurance proceeds								
9							9		
10 11			the right column for						
	Gross farm income. Add amout taxpayer, enter the amount from								
			n B—Farm Expenses						
	ot include personal or living expense the amount of your farm exp							produce farm inc	ome
12	Car and truck expenses			25	Pension	and profit-sharing			
	(attach Form 4562)	12					25		
13	Chemicals	13		26	'				
14	Conservation expenses	14		а	Vehicles.	machinery, and			
15	Custom hire (machine work)	15				nt	26a		
16	Depreciation and section 179			b		nd, animals, etc.)	26b		
10	expense deduction not			27		and maintenance	27		
	claimed elsewhere (attach			28		nd plants purchased	28		
	Form 4562 if required)	16		29		and warehousing	29		
17	Employee benefit programs			30	_	purchased	30		
• •	other than on line 25	17		31			31		
18	Feed purchased	18		32			32		
19	Fertilizers and lime	19		33		y, breeding, and			
20	Freight and trucking	20					33		
21	Gasoline, fuel, and oil	21		34		penses (specify):			
22	Insurance (other than health)	22					34a		
 23	Interest:			b			34b		
a	Mortgage (paid to banks, etc.)	23a		C			34c		
b	Other	23b		1 -			34d		
24	Labor hired	24		e			34e		
35	Total expenses. Add lines 12 tl	าroนด	h 34e						
36	Net farm profit or (loss). Subtract	ct line	35 from line 11. Ente	r the re	esult here	and in Part V, line 1	36		

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			come—Accrual Method			
	Do not include sales of livesto	ock held for draft, breeding	g, sport, or dairy purposes on any of th	e lines	below.	
37	Sales of livestock, produce, gra	ins, and other products du	uring the year	37		
38a			38b Taxable amount	38b		
39	Agricultural program payments			39		
40	Commodity Credit Corporation			40		
41	Crop insurance proceeds			41		
42	Custom hire (machine work) inc	come		42		
43	Other farm income (specify)			43		
44	Add the amounts in the right co			44		
45	Inventory of livestock, produce	e, grains, and other produ				
16	beginning of the year Cost of livestock, produce, grains, an					
46 47	Add lines 45 and 46		47	-		
47				_		
48 49	Inventory of livestock, produce, grain		d. Subtract line 48 from line 47*	49		
50	Gross farm income. Subtract line	49 from line 44 Enter the resu	ult here and in Part III, line 11	50		
_			f valuing inventory and the amount on line 4		ger than the amou	unt or
line 4	47, subtract line 47 from line 48. Ent	er the result on line 49. Add li	nes 44 and 49. Enter the total on line 50 and	d in Pa	ert III, line 11.	unt or
Pai	t IV Profit or Loss From I	Business (Sole Propriet	torship)—See the instructions for S	chedu	ıle C (Form 104	40)
	me of proprietor	оператория			al security number	
					1 1	
Not	e If you are filing a joint return a	and both you and your spo	buse had a profit or loss from a busine	SS VOI	ı must each con	nnlet
			sband-Wife Business beginning on pag			прісс
	and an area of the particle of	`	A—Income			
_	Cross resoints ¢		ances \$ Balance ▶	1		
1	·		The second secon	•		
		ithdrawa for personal was		1		
	Purchases less cost of items w	•		-		
	Cost of labor. Do not include a	"	1			
	Materials and supplies					
	Other costs (attach statement)			+		
	Add lines 2a through 2e					
g	,		—	2h		
_	=	=		3		
3	-			4		
4 5	Other income			5		
	Gross income. Add lines 3 and	Section F	B—Expenses	э		
6	Advertising	6	18 Rent or lease:			
7	Car and truck expenses	a Vehicles, machinery, and	10-			
_	(attach Form 4562)	7	equipment	18a		
8	Commissions and fees	9	b Other business property	18b		
9	Contract labor	19 Repairs and maintenance	19			
10	Depletion	10	20 Supplies (not included in Section A)	20		
11	Depreciation and section 179 expense deduction (not 21 Taxes and licenses 179 expense deduction (not 22 Travel meals and entertainmen					
	included in Section A).		22 Travel, meals, and entertainment:	00-		
	(Attach Form 4562 if		a Travel	22a		
	required.)	11	b Deductible meals and entertainment	22b		
12	Employee benefit programs	10	23 Utilities	23		
	(other than on line 17)	12	24 Wages not included on line 2c	24		
13	Insurance (other than health)	13	25a Other expenses (list type and amount):			
14	Interest on business					
	indebtedness	14				
15	Legal and professional services	15				
16	Office expense	16	OFh Total other eveness	05.		
17	Pension and profit-sharing plans	17	25b Total other expenses	25b		
26	Total expenses. Add lines 6 th	rough 25b		26		
27	NET PROTIT OF (IOSS). Subtract lii	ne ∠6 trom line 5. Enter the	e result here and in Part V, line 2	27		

Self-Employment Tax-If you had church employee income, see pages SS-2 and SS-3 before you Part V Name of person with self-employment income Social security number of person with self-employment income Note. If you are filing a joint return and both you and your spouse had self-employment income, you must each complete a separate Part V. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part V Net farm profit or (loss) from Part III, line 36, and your distributive share from farm partnerships. Note. Skip this line if you use the farm optional method (see page SS-7) . . . Net nonfarm profit or (loss) from Part IV, line 27, and your distributive share from nonfarm partnerships. Ministers and members of religious orders, see page SS-3 for amounts to report on this line. See pages SS-6 and SS-7 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SS-7) 3 4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from 4a 4b b If you elect one or both of the optional methods, enter the total of lines 2 and 4 of Part VI here c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. 4c Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶ 5a Enter your church employee income from Form(s) W-2, W-2AS, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. See page SS-2 for definition of church employee income 5a 5b **b** Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-6 **Net earnings from self-employment.** Add lines 4c and 5b Maximum amount of combined wages and self-employment earnings subject to social security 7 102,000 00 8a Total social security wages and tips from Form(s) W-2, W-2AS, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. If \$102,000 or more, skip lines 8b through 10, and go to line 11 8a **b** Unreported tips subject to social security tax from Form 4137, line 10 8b c Wages subject to social security tax from Form 8919, line 10 (see 8d 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. ▶ 10 Multiply the **smaller** of line 6 or line 9 by 12.4% (.124) 10 Multiply line 6 by 2.9% (.029) 11 11 **Self-employment tax.** Add lines 10 and 11. Enter here and in Part I, line 3 12 Part VI Optional Methods To Figure Net Earnings—See pages SS-7 and SS-8 for limitations. Note. If you are filing a joint return and both you and your spouse choose to use an optional method to figure net earnings, you must each complete and attach a separate Part VI. Farm Optional Method 1,600 00 1 Maximum income for optional methods 1 Enter the smaller of: two-thirds (%) of gross farm income (Part III, line 11, plus your distributive share from farm partnerships), but not less than zero; or \$1,600. Also include this amount in Part V, line 4b, above . 2 **Nonfarm Optional Method** 3 Subtract line 2 from line 1... Enter the smaller of: two-thirds (%) of gross nonfarm income (Part IV, line 5, plus your distributive share from nonfarm partnerships), but not less than zero; or the amount in Part VI, line 3, above.

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Also include this amount in Part V, line 4b, above . . .